

## **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDING DECEMBER 31, 2001 OF THE CONDITION AND AFFAIRS OF THE

CIGNA HEALTHCARE OF MAINE, INC.

NAIC Group Code	0901 0901 urrent Period) (Prior Per		npany Code	95447	_ Employers ID Number _	01-0418220	
Organized under the Laws	,	<i>'</i>	, State c	f Domicile or F	Port of Entry	Maine	
Country of Domicile			United States		,		
Licensed as business type	: Life, Accident & Health	[ ] Property/Ca	sualty[] Hea	alth Service Co	orporation [ ] Dental Ser	vice Corporation [ ]	
Vision Ser	vice Corporation [ ] Other	er[] Health Ma	aintenance Organ	ization [ X ]		d? Yes [X] No []	
Statutory Home Office		onewood Drive , Freeport, ME 04032-0447 (City or Town, State and Zip Code)					
Main Administrative Office			2 Sto	newood Drive			
Fre	eport, ME 04032-0447		(Stre	eet and Number)	207-865-5000		
(City or Town, State and Zip Co		(Area Code) (Telephone Number)					
Mail Address	900 Cottage Grove		Hartford, CT 06152-1228				
	(Street and Number or F	P.O. Box)	(City or Town, State and Zip Code)				
Primary Location of Books and Records  Freeport, ME 04032-0447		2 Stonewood Drive					
		(Street and Number) 860-226-5029					
(City	or Town, State and Zip Code)			(Are	ea Code) (Telephone Number)		
Internet Website Address							
Annual Statement Contact	Mid	chael Christopher 1	rinks		860-226-5029		
		(Name)			(Area Code) (Telephone Number) (Extension) 860-226-6443		
IIIICI	hael.trinks@cigna.com (E-mail Address)				(FAX Number)		
			FICERS				
		nall White	V	ice President_	Karen Sue	Rohan	
Assistant Clerk _	Paul Jeffrey	Moreno	<del></del>				
		VICE P	RESIDENT	S			
Paul Bergteinsson		Karen Sue Rohan			David Charles Kopp		
Robert Cody Williams		Donald William Porter			James Thomas Kohan		
Bach Mai Thi Thai #		David Mathew Porcello			John Patrick Frey		
Stephen Chester Stachelek # Richard Brainerd Salmon M.D., PhD. #		Barry Richard McHale Carla Cirone Mangiafico			Roy Victor Eri	ckson M.D.	
nicilalu bialilelu Sai	IIIIOII W.D., FIID. #	Caria C	mone mangiance	,	-		
		DIRECTORS					
Karen Sue Rohan		William /	Allen Schaffer M.	D			
		•					
State of	Connecticut	ss Bloomfie	eld				
County of	Hartford	<i>)</i>					
T. (" (1)	29 1 2 1 1						
The officers of this reporting	ng entity, being duly sworn ove, all of the herein descri	, each depose and	say that they are	e the describe	ed officers of said reporting	entity, and that on the	
	herein stated, and that this						
or referred to is a full and	true statement of all the a	ssets and liabilities	s and of the con-	dition and affa	airs of the said reporting er	itity as of the reporting	
	of its income and deduction						
	d Accounting Practices and						
belief, respectively.	nces in reporting not related	to accounting pra	clices and proced	dures, accordi	ng to the best of their inform	nation, knowledge and	
belief, respectively.							
Carla Cirone N		David N	Mathew Porcello		Paul Jeffrey		
Vice President		Treasurer			Assistant Clerk		
				0 lo +b:	e an original filing?	Voc [V] N- [ ]	
Subscribed and sworn to	before me this			a. is thi b. If no	s an original filing?	Yes [X] No []	
day of		<u> </u>			ate the amendment number	•	
				2 Da	ite filed		
				3. Nu	mber of pages attached		